http://web.archive.org/web/20020603180216/http://www.wellmark.com/health_improvement/blueprints/preventive_...

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CONFIRMATION NO. 2303

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/679,178	10/03/2003 RULE	705	3626	MERKN-001B

APPLICANTS

Richard Merkin, Reseda, CA;
Mary Inglis, Bakersfield, CA;

**** CONTINUING DATA ***************************

This application is a CIP of 10/615,640 07/08/2003 SRR

**** FOREIGN APPLICATIONS ***********************

None SRR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
12/30/2003

** SMALL ENTITY **

		STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Foreign Priority claimed	☐ yes ☑ no	CA	4	22	4
35 USC 119 (a-d) conditions met	☐ yes ☐ no ☐ Met after Allowance				
Verified and Acknowledged	Examiner's Signature / Initials SRR				

ADDRESS

MATTHEW A. NEWBOLES
STETINA BRUNDA GARRED & BRUCKER
Suite 250
75 Enterprise
Aliso Viejo, CA92656

TITLE

Health care administration method having quality assurance

FILING FEE RECEIVED	FEES: Authority has been given in Paper	
446	No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other _____ ☐ Credit

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